

MARCIA A. LECLERC
MAYOR

TOWN OF EAST HARTFORD

740 Main Street

East Hartford, Connecticut 06108

PURCHASING DEPARTMENT

(860) 291-7270

FAX (860) 282-4857

WWW.EASTHARTFORDCT.GOV

TOWN OF EAST HARTFORD, CT INVITATION TO BID

BID #17-08

RE: R.F.P. – Nortel BCM 50 PBX REPLACEMENT

Proposals will be received at the Office of the Purchasing Agent, Town Hall, 740 Main Street, East Hartford, Connecticut, 06108 until Monday, October 31, 2016 at 11 a.m. at which time they will be publicly opened and recorded.

There will be a pre-bid conference held at the East Hartford Community Cultural Center, 50 Chapman Place, Room 111, East Hartford, CT on Monday, October 17, 2016. Although the pre-bid conference is not mandatory, it is strongly recommended for prospective bidders to attend.

Information and Specifications are available at the above office or on the Town of East Hartford bid's website at **<http://www.easthartfordct.gov/bids>**

The right is reserved to reject any or all bids when such action is deemed to be in the best interest of the Town of East Hartford, Connecticut

Michelle A. Enman
Purchasing Agent
(860) 291-7271



TOWN OF EAST HARTFORD, CT.

STANDARD INSTRUCTIONS FOR PROPOSAL

1. Sealed proposals will be received by the Purchasing Agent until the date and time specified on the title sheet. Proposals received later than the date and time specified will not be considered and will be returned unopened. **Proposals will not be accepted via fax or e-mail.**
2. All proposals will be opened and recorded and are subject to public inspection. Firms may be present or be represented at all openings.
3. Municipalities are exempt from any sales, excise or federal taxes. Fees must be exclusive of taxes and will be so construed.
4. The Town of East Hartford reserves the right to reject any or all proposals or any part of any or all proposals and to waive any informality when such action is in the best interest of the town and also reserves the right to extend an awarded proposal by mutual consent and negotiate any terms, conditions and prices if it is in the best interest of the town.
5. Firms should familiarize themselves with the items and/or conditions set forth in the Request for Proposal specifications. Failure to be informed will not be accepted as an excuse from fulfillment of the requirements.
6. In case of an error in the extension or addition of prices, the unit price will govern. The Town will not be subject to any price increases after an award if not part of the original proposal terms.
7. For professional services - a selected town committee will evaluate all responses and make a recommendation to the Mayor. **If deemed necessary** by the committee, an interview may be required as part of the selection process.
8. Please include a corporate resolution with your submittal. Sample formats for Corporations and Professional Corporations, Limited Liability Company and Partnerships (including Limited Partnership and Limited Liability Partnership) are attached in this packet.
9. Per Town Ordinance Sec. 10-10 (d): The Town shall not award a bid to any bidder who owes a delinquent tax to the Town. Bidders certify by virtue of their signature on the bid sheet that neither the bidder nor any business or corporation in which the bidder owns and interest is delinquent in tax obligations to the town.
10. The bidding entity is required to provide evidence from the Connecticut Secretary of State that they are in good standing and qualified to conduct business in the State of Connecticut.

Intent

The Information Technology Division (IT) of the Town of East Hartford, CT (Town) is soliciting proposals from qualified firms to replace an existing Nortel BCM 50 PBX system.

Responses should include itemized pricing for all necessary parts and equipment to complete the project. Information provided will be used to determine the vendor who comes closest to meeting our needs within budgetary constraints. Cut sheets/supporting documentation on solutions should be included as appendix.

Responses

Responses (one original, three copies and a full PDF version on CD or flash drive) are due: Monday, October 31, 2016 @ 11 a.m.

Received by: Michelle A. Enman, Purchasing Agent
Town of East Hartford, CT
740 Main St.
East Hartford, CT 06108

Bid procedure questions can be directed to: Michelle Enman @ 860-291-7271
Technical questions can be directed to: Network Systems Administrator, David Brown
in writing at drbrown@easthartfordct.gov

Bidders should register for any addendums at www.easthartfordct.gov/purchasing

Results

It is not the Town's intent to award any contracts based solely on this Request For Proposal (RFP). The Town reserves the right at its discretion, to request additional information, demonstrations or presentations to support respondents' replies before arriving at any decision.

The evaluation criteria for this award will include but is not limited to:

- Overall best pricing for products and services.
- Suitability of products for our needs and best fit with our environment.
- Product / service evaluations based upon discussions with references and other technology professionals, along with any personal knowledge of the product or service.
- Respondent's overall performance record including responsiveness, reputation and reference feedback.
- Suitability and risk of respondent's company not being able to fulfill responsibilities.
- Ability to reuse or repurpose portions of network (sets or line cards etc.) to help reduce costs to the Town.

Environment

The Nortel BCM 50 PBX currently services about 40 digital endpoints, and integrated voice mail, which also serves as a phone tree at the East Hartford Cultural Center. External calling is via a local PRI and 4 digit SIP calling to the Town phone network. Endpoint models include roughly:

- 27 x T7208 telephones
- 9 x T7315E telephones

The Town phone network consists of two sites. Both sites house Nortel CS1000 PBX systems with a combination of digital and IP endpoints.

Scope and Requirements

Pre-Bidders Conference

- **A pre-bidders conference will be held on Monday, October 17th at 10 a.m. at the East Hartford Community Cultural Center, 50 Chapman Place, Room 111, East Hartford, CT 06108. Although not mandatory, it is strongly encouraged for prospective bidders to attend.** At that time any clarifying questions can be reviewed and the physical space where the PBX is housed will be toured.

Project Management/Professional Services

- Respondent shall provide three references
- Respondent should quote sufficient professional services to completely replace the PBX, telephones, and replace or install any associated equipment deemed necessary as part of this replacement at any connecting site.
- Engineer solution to connect existing CS1000 at Town Hall (without SIP licensing) to replacement phone system
- Coordinate with PBX maintenance provider for existing Town Wide CS1000 system to ensure a smooth cutover.
- Coordinate any telco work necessary (IE: PRI programming changes)
- Cutover to be off-business hours (M-W after 6pm) Non disruptive preparation can occur on standard hours

Support and maintenance

- Vendor shall provide an estimated cost of no less than three years of service with annual breakdown in pricing. Pricing shall be 24 x 7, 365.
- Vendor should be able to have a local field tech to the site within the following periods or similar (if an established SLA schedule that mirrors or enhances below provide with bid):
 - Urgent (system down): 2 hours, phone triage before dispatch
 - High (partial outage impacting only minimal users): 4 hours
 - All else: within 1 business day.

System Scalability

The successful bidder shall provide a cost effective replacement system, fully integrated to the Town's existing infrastructure at the current time and able to be integrated into future systems upgrades. The system shall have the ability to:

- Service a local PRI (present day)
- Provide SIP calling options (future options)
- Provide for some level of integration between cell phones (mobile twinning or equivalent)
- Provide full featured voicemail with options for enhanced services such as e-mail integration

- Continue to provide call automation functions (phone tree on main number)
- Ability to interoperate on-network with multiple vendors (example: If your bidding Cisco can it interop with an Avaya CS1000, etc)
- Provide options for servicing analog devices (IE: Fax machines, analog telephones)
- Provide Digital and/or IP set options for long-term upgrades at the desk side

INSURANCE AND INDEMNIFICATION REQUIREMENTS

A CERTIFICATE OF INSURANCE WILL ONLY BE REQUIRED OF THE AWARDED BIDDER

INDEMNIFICATION REQUIREMENTS

AGENCY agrees to indemnify and hold the Town of East Hartford, CT harmless against and from any and all claims by or on behalf of any person arising from or in connection with:

A: Any act, error, omission, negligence or fault of **AGENCY** or any of its agents, servants, employees and sub-contractors.

B: Any accident, injury or damage whatsoever caused to any person occurring during the performance of this contract.

Further, the **AGENCY** agrees to indemnify and hold harmless the Town of East Hartford, CT against and from all reasonable costs, counsel fees, expenses and liabilities incurred in or with respect to any such claim and any action or proceeding brought thereon; and in any case any action or proceeding shall be brought against the contractor by reason of any such claim, contractor upon notice from the Town of East Hartford, CT agrees to resist and defend such action proceeding, unless **AGENCY** causes the same to be discharged and satisfied.

INSURANCE REQUIREMENTS

A. GENERAL REQUIREMENTS

The **AGENCY** shall be responsible for maintaining insurance coverage in force for the life of this contract of the kinds and adequate amounts to secure all of the **AGENCY** obligations under this contract with an insurance company(ies) with an AM Best Rating of A-VII or better licensed to write such insurance in the State of Connecticut and acceptable to the Town of East Hartford, CT

The **AGENCY** at the **AGENCY'S** own cost and expense shall procure and maintain all insurance required. The insurer shall provide the Town of East Hartford, CT with **Certificates of Insurance signed by an authorized representative of the insurance AGENCY(ies)** prior to the performance of this contract describing the coverage and providing that the insurer shall give the Town of East Hartford, CT written notice at least thirty (30) days in advance of any termination, expiration, or any and all changes in coverage. Such insurance or renewals or replacements thereof shall remain in force during the **AGENCY** responsibility under this contract.

The Town of East Hartford, CT is to be named as an “**additional insured**” on all contracts, except Workers’ Compensation and Professional Errors & Omissions coverage’s. An additional insured policy endorsement must be submitted with the Certificate of Insurance. The Certificate should state in the comments section “The Town of East Hartford, its officials, employees, and volunteers are named as additional insureds with respect to all liability arising out of the permitted activities of the business”

B. SPECIFIC REQUIREMENTS:

1) Workers' Compensation and Employer's Liability Insurance

The **AGENCY** shall provide Statutory Workers' Compensation Insurance, as required by the State of Connecticut, including Employer's Liability

Amount of Coverage: \$100,000 Each Accident
\$500,000 Disease, Policy Limit
\$500,000 Disease, Each Employee
Policy Period: Annual

2) Commercial General Liability Insurance

The **AGENCY** shall carry Commercial General Liability Insurance (broad form coverage) insuring against claims for bodily injury, property damage, personal injury and advertising injury that shall be no less comprehensive and no more restrictive than the coverage provided by Insurance Services Office (ISO) form for Commercial General (CG 00-01-10-01). By its terms or appropriate endorsements such insurance shall include the following coverage, to wit: Bodily Injury, Property Damage, Fire Legal Liability (not less than the replacement value of the portion of the premises occupied), Personal Injury, Blanket Contractual, Independent Contractors, Premises Operations, Products and Completed Operations (for a minimum of two (2) years following Final Completion of the Project). Any deviations from the standard unendorsed form will be noted on the Certificate of Insurance.

Type of Coverage: Occurrence Basis
Amount of Coverage: \$1,000,000 per occurrence
\$2,000,000 aggregate
Policy Period: Annual

3) Business Automobile Liability Insurance

The **AGENCY** shall carry Comprehensive Business Automobile Liability Insurance insuring against claims for bodily injury and property damage and covering the ownership, maintenance or use of any auto or all owned/leased and non-owned and hired vehicles used in the performance of the work, both on and off the Project Site, including loading and unloading. The coverage should be provided by Insurance Services Office form for Commercial Auto Coverage (CA-00-01-10-01) or equivalent. . "Auto" (symbol 1 or equivalent) is required. Any deviations from the standard unendorsed form will be noted on the Certificate of Insurance.

Type of Coverage: Occurrence Basis
Amount of Coverage: \$1,000,000 combined single limit
Policy Period: Annual

4) Umbrella Liability Insurance

The Town reserves the right to require the **AGENCY** to carry an umbrella liability insurance policy up to **\$5,000,000**. The necessity and amount of umbrella liability insurance is dependent

upon a number of factors including, but not limited to scope, price and duration of the work to be performed. The Town of East Hartford will inform the CONTRACTOR as to the necessity and limits for this insurance.

C. **OTHER REQUIREMENTS FOR PROFESSIONAL SERVICE CONTRACTS ONLY
(E.G., ARCHITECTS, ENGINEERS, ET AL.)**

The AGENCY shall carry Errors & Omissions coverage in the amount \$1,000,000 per occurrence for all **professional services contracts only**. If the insurance coverage is written on a claims made basis, an extended reporting period of at least 3 years after substantial completion of the project is required.

The Town reserves the right to amend amounts of coverage required and type of coverage provided based on work or service to be performed.

D. **SUBCONTRACTOR'S REQUIREMENTS:**

The AGENCY shall require its subcontractors and independent contractors to carry the coverages set forth in section B and C (if applicable) above and will obtain appropriate Certificates of Insurance before the subcontractors and independent contractors are permitted to begin work.

The AGENCY shall require that the Town of East Hartford, CT be named as Additional Insured on all subcontractors and independent contractors insurance before permitted to begin work.

The AGENCY and all subcontractors and independent contractors and their insurers shall waive all rights of subrogation against the Town of East Hartford, CT, and its officers, agents, servants and employees for losses arising from work performed by each on this contract.

RESOLUTION FOR CORPORATIONS AND PROFESSIONAL CORPORATIONS (required)

(TO BE TYPED ON CORPORATION LETTERHEAD PAPER)

I _____, Secretary of _____
(Name of Corporation's Secretary) (Legal name of Corporation)
a Corporation duly organized and operating under the laws of _____ and
(State)

Qualified and authorized to do business in the State of Connecticut, DO
HEREBY CERTIFY that the following is a true, correct and accurate copy of a
Resolution duly adopted at a meeting of the Board of Directors of such
Corporation, duly convened and held on _____, at which meeting
a duly constituted quorum of the Board of Directors was present and voted in
favor of such Resolution. I further CERTIFY that such Resolution has not been
modified, rescinded or revoked since the date on which it was enacted, and it is
at present in full force and effect:

RESOLVED: That the following Officers of this Corporation, or any one
them: _____
_____,

(Name and title of Officer or Officers)
is empowered to execute and deliver in the name and on behalf of this
Corporation contracts, bids and other documents to the Town of East Hartford, State of
Connecticut, and are further authorized to affix the Corporate Seal to such documents and to bind
the Corporation to such contracts, bids and other documents.

IN WITNESS WHEREFORE, the undersigned has affixed his/her signature and the
Corporate Seal of the Corporation, this _____ day of _____.

(Affix Corporate Seal Below)

(Typed name of Corporation's Secretary)

SIGNATURE OF SECRETARY

Resolution for Limited Liability Company (required)
(TO BE TYPED ON LIMITED LIABILITY COMPANY LETTERHEAD PAPER)

The undersigned, all of the members [or, if applicable, the managing member] of

(legal name of LLC)
A Limited Liability Company duly organized and operating under the laws of _____ and
(State)
qualified and authorized to do business in the State of Connecticut, DO

HEREBY CERTIFY that the following is a true, correct and accurate copy of a Resolution duly adopted at a meeting of the Members of such Limited Liability Company, duly convened and held on _____, at which meeting a duly constituted quorum of the voting Members was present and voted in favor of such Resolution. We further CERTIFY that such Resolution has not been modified, rescinded or revoked since the date on which it was enacted, and it is at present in full force and effect:

RESOLVED: That the following Members of this Limited Liability Company, or any one them: _____

(Name and title of Members)
is empowered to execute and deliver in the name and on behalf of this Limited Liability Company, contracts bids and other documents to the Town of East Hartford, State of Connecticut, and are further authorized to seal to such documents and to bind the Limited Liability Company to such contracts, bids and other documents.

IN WITNESS WHEREFORE, the undersigned have executed this resolution, this _____ day of _____.

Have all necessary parties sign and indicate their name and title, such as member, managing member etc..

Resolution for Partnership (including Limited Partnership and Limited Liability Partnership)
(required)

(TO BE TYPED ON PARTNERSHIP LETTERHEAD PAPER)

The undersigned, all of the partners (or, if a Limited Partnership, all of the general partners, or if a Limited Liability Partnership, all of the partners) of _____, a partnership (or, if applicable, a Limited Partnership or Limited Liability Partnership) duly organized and operating under the laws of _____ and qualified and authorized to do business in the State of Connecticut, DO

HEREBY CERTIFY that the following is a true, correct and accurate copy of a Resolution duly adopted at a meeting of the voting partners of such partnership duly convened and held on _____, at which meeting a duly constituted quorum of the voting partners was present and voted in favor of such Resolution. We further CERTIFY that such Resolution has not been modified, rescinded or revoked since the date on which it was enacted, and it is at present in full force and effect:

RESOLVED: That the following partners, or any one of them: _____

_____,
(Name and title of Partners)

is empowered to execute and deliver in the name and on behalf of this partnership, contracts, bids and other documents to the Town of East Hartford, State of Connecticut, and are further authorized to seal to such documents and to bind the partnership to such contracts, bids and other documents.

IN WITNESS WHEREFORE, the undersigned have signed this resolution on, this

_____ day of _____.

(day)

(month and year)

Have all necessary partners sign and indicate their name and title, such as partner, general partner, etc.